In re Application of:

HIROSHI TAKAMIYA

Application No.: 10/674,494

Filed: October 1, 2003

For: IMAGE PROCESSING APPARATUS

AND IMAGE PROCESSING METHOD

Docket No.

03500.017689.

- Examiner: S. Fidler

Group Art Unit: 2861

Date: February 15, 2006

Mail Stop RCE THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 20	= 1	x \$25 \$50	\$ 50.00
INDEP. CLAIMS	* 6	MINUS	*** 4	= 2	x \$100 \$200	\$400.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$450.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

February 15, 2006
(Date of Deposit)

Frank L. Cire, Reg. No. 42,419
(Name of Autorney for Applicant)

February 15, 2006
Signature

Date of Signature

	Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$450.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Erank L. Cire
	Attorney for Applicant Registration No. 42,419
	registration 142,419

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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